

INDEPENDENT LEVEL SUPERVISOR REPORT

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(continued)

4. Briefly describe the setting in which the candidates clinical work was performed.

5. Do you have any reservations regarding the candidate's ability to perform as a clinical social worker?
[] Yes [] No If yes, please explain. (Please use additional pages as needed)

Supervisor Name: _____

Degree & Discipline: _____

License # (include State(s) of licensure) _____

AFFIDAVIT

I hereby certify that the responses provided above are true and accurate to the best of my knowledge and belief.

Supervisor Signature

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

To the Supervisor: Upon your completion of this report, please place in an envelope, seal, and return it to:

STATE BOARD OF SOCIAL WORK EXAMINERS
Bureau of Occupational Licenses
1109 Main St., Suite 220
Boise, ID 83702